

THIS ISSUE

Hearing Aid Services & Devices Reimbursement Policies & Rates

TO:

Audiologists
Clinics
DME Providers
Hearing Aid Fitters Dispensers
Medical Physicians
Osteopathic Physicians
Self-Insured Employers

CONTACT:

Provider Toll Free
1-800-848-0811
in Olympia 902-6500

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Effective 12/1/01

Purpose

This bulletin re-establishes and clarifies the department’s hearing aid rules and policies:

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The following policies and requirements apply to all hearing aid services and devices, except those listed in the *Physicians’ Current Procedural Terminology* (CPT). This bulletin is a reference document, so some information is provided in more than one section.

Effective December 1, 2001, this *Provider Bulletin* consolidates and replaces:

Provider Bulletin 96-09 and
The hearing aid related information in *Provider Updates:* 97-03,
99-01 and 00-01

How are self-insured claims affected by these policies and requirements?

Self-insured companies who have entered into contracts for purchasing hearing aid related services and devices may continue to use them. (See Washington Administrative code (WAC) 296-23-165: Miscellaneous Services and Appliances, section 1b.)

Self-insured companies who do not have hearing aid purchasing contracts must follow the department’s maximum fee schedule and purchasing policies for all hearing aid services and devices listed in this bulletin.

Authorization and Payment Policies for Hearing Aid Services

How is a hearing loss claim initiated?

When the injured worker or the attending physician determines that an injury or condition may be industrial in nature, a Report of Industrial Injury or Occupational Disease (Report of Accident) form must be filed as stated in WAC 296-20-025.

Who can sign the Report of Accident form?

Only licensed Medical Doctors (MDs), Osteopathic Physicians (DOs), and other providers listed in WAC 296-20-01002: Definitions under *Doctor*, may sign a Report of Accident form.

Physicians Assistants, certified audiologists, and licensed fitters and dispensers cannot sign accident report forms.

Must injured workers see a doctor to determine whether there is a work-related hearing loss condition?

Yes. A physician must examine the injured worker to determine if he or she has a job related hearing loss. The physician may test or refer the injured worker to an otolaryngologist (ear, nose, and throat specialist), certified audiologist, or other appropriate provider for hearing tests to determine whether there is a work related hearing loss.

The department or self-insurer will furnish (a) hearing aid(s) only when prescribed by a physician. (See WAC 296-20-1101.) The doctor must examine the worker prior to the department's hearing aid authorization, even in emergency cases.

Workers have free choice of physician and cannot be directed to a specific physician by a hearing aid vendor or employer. In addition, workers may choose their hearing aid vendor and cannot be directed to one by a physician. Exception: Self-insured companies who have entered into contracts for purchasing hearing aid-related services and devices may direct their injured workers to their contracted hearing aid vendors.

Attending Physicians' Roles

What are the attending physician's roles in a hearing loss claim?

The attending physician must do all of the following:

1. Examine the worker;
2. Review the Hearing Loss Work History form; then, identify jobs that, in his/her opinion, may have contributed to the hearing loss condition;
3. Establish the relationship between the injurious noise exposure and the workers' conditions, if any;
4. Make appropriate treatment recommendations;
5. Fill out the physician's portion of the Report of Accident form or the Physician's Initial Report if the claim is filed as a self-insured claim;
6. Sign the Report of Accident form;
7. Perform a hearing test or review the hearing test(s) performed by other qualified providers, i.e., otolaryngologist or certified audiologist, and validate that the reported hearing loss is work-related;
8. Recommend and prescribe hearing aids;

9. Complete a medical report (preferably typed) incorporating items 3, 4, 5 and 8 above in the text of the report. (Illegible reports may delay authorization decisions.)

Submit a package to the State Fund containing all of the following:

- Report of Accident form,
- Hearing Loss Work History form
- Copy of the valid audiogram, and
- Medical report.

Send State Fund Claims to
Department of Labor and Industries
Claims Administration
PO Box 44299
Olympia WA 98504-4299

Please include the claim number in the upper right-hand corner of each page of all correspondence. To assure rapid processing of reports and correspondence, use plain white, 8.5 x 11-inch paper and the official forms.

For self-insured claims, please send this information to the self-insurers or their third party administrators.

What constitutes a valid audiogram?

An audiogram is valid only if

- Preceded by at least 14 hours without exposure to high levels of noise (occupational or non-occupational);
- Performed by a certified audiologist, an otolaryngologist or other qualified physician, or by a certified technician responsible to one of the above*;
- Performed in a sound-attenuated (sound-proofed) room; **and**
- Obtained from equipment calibrated to current ANSI (American National Standards Institute) standards.

The audiogram must be submitted on letterhead, signed and dated by the person who performed the test (include the tester's name, credential(s), and the test date).

** In instances where there are adjudicative issues, the department may require an audiogram from a certified audiologist.*

Is prior authorization required for hearing related services, devices, supplies, and accessories?

Yes. Prior authorization must be obtained from the State Fund or self-insurer for all initial and subsequent hearing related services, devices, supplies, and accessories in accordance with WAC 296-20-03001 (Treatment Requiring Authorization), and WAC 296-20-1101 (Hearing Aids and Masking Devices). The department will not pay for hearing devices provided prior to authorization.

NOTE: In cases of special need, such as when the claimant is working and a safety issue exists, the provider may be able to obtain State Fund or Self Insured claim manager's authorization to dispense hearing aid(s) after the doctor's examination and before the claim is accepted.

Exception: *If the State Fund or self-insurer has authorized and/or purchased the hearing aid(s), purchase of batteries is guaranteed. Batteries do not require repeated authorizations.*

How does a provider obtain authorization for hearing aids?

Prior to providing initial or replacement hearing aids on an **accepted** State Fund hearing loss claim, the provider is required to call to obtain prior authorization. This process can be initiated by calling the State Fund's toll-free line at 1-800-848-0811, or in Olympia call 902-6500.

The State Fund or self-insurer will notify the worker in writing when the claim is accepted or denied. Licensed Hearing Instrument Fitters Dispensers (fitters dispensers) can obtain State Fund billing information by calling 1-800-831-5227. For self-insured claims, call the self-insurer's claim manager.

In the case of a self-insured claim, the provider should obtain prior authorization from the self-insurer or its third party administrator. Self-insured companies can contract with a provider and can require the worker to obtain hearing related services and devices through the contracted provider.

What information does the insurer need to approve or deny a hearing loss claim?

State Fund claim managers use the Hearing Loss Work History form, medical, and other information outlined below to decide whether an individual worker has a valid work-related hearing loss. A self-insurer or its third party administrator may use similar forms to gather information

- Report of Accident Form
- Hearing Loss Work History Form:
 - Must be completed by the worker accurately and completely.
 - Must be returned to the department for review.
 - Incomplete Work History forms may result in claim processing delays.
- Valid Audiogram
- Medical Report

Will the department pay for completion of the Hearing Loss Work History form?

No. The department or self-insurer does not pay any provider or worker to fill out the Hearing Loss Work History forms (Form #'s F242-071-000 & F242-071-111). Doctors may be paid for a narrative assessment of work-relatedness to the hearing loss condition. See the *Attending Doctors Handbook's* table on "Other Miscellaneous Codes and Descriptions" page 57 of the June 1999 edition.

If the worker cannot fill out the forms completely, the worker may order a work history through the Social Security Administration office. This can slow claim processing by 6 months or more.

Types of Hearing Aids Authorized

The department may consider CIC aid(s) when there is a work related safety need documented by the worker's current employer or if the doctor documents loss of the external ear.

Considering current technology, the preferred types of hearing aids for most workers are programmable BTE, ITE, and CIC multi channel.

Any other types of hearing aids needed for medical conditions will be considered based on justification from the attending doctor.

What happens when the injured worker does not accept the recommended hearing aid and wants to have a more expensive hearing aid?

The department or self-insurer is responsible for paying for hearing-related services and hearing aids that are deemed appropriate. **In the event injured workers refuse the recommendations given in their cases and**

want to purchase more expensive hearing aids, the workers are then totally responsible for the purchase of the hearing aid, batteries, and any future repairs.

Hearing Aid Quality

All hearing aid devices provided to injured workers must meet or exceed all Food and Drug Administration (FDA) standards. Manufacturers and assemblers shall hold a valid FDA certificate.

Testing

Who is allowed to perform hearing tests?

The attending physician performs the hearing tests to establish the diagnosis and degree of hearing loss or refers the injured worker to an otolaryngologist (ear, nose, and throat specialist) or another licensed professional, physician, or certified audiologist for a hearing test.

Tests conducted by licensed fitters dispensers in conjunction with fitting hearing aids are not billable separately; they are included in the fee for the hearing aid.

Warranties

What is the department's policy regarding hearing aid warranties?

Hearing aid industry standards provide a minimum of a one-year repair warranty on most hearing devices, which **includes parts and labor**. The department or self-insurer will NOT pay for any repairs within the first 12 months after purchase. Where a manufacturer provides a warranty greater than one year, the manufacturer's warranty shall apply.

Some wholesale companies also include a replacement policy to pay for hearing aids which are lost. If the wholesaler/manufacturer includes loss under its warranty to the provider, the provider must honor the warranty and replace the claimant's lost hearing aid without charge.

Is the provider required to send in warranty information to the department or self-insurer?

Yes. The manufacturer's warranty and any additional provider warranty must be submitted in hardcopy to the insurer for all hearing devices and hearing aid repairs. The insurer may delay payment of the provider's bill if this information has not been received.

For State Fund claims all providers are required to send warranty information to **Department of Labor and Industries, P.O. Box 44291, Olympia, WA 98504-4291**.

For self-insured claims, please send this information to the self-insurers or their third party administrators.

All correspondence to the department or self-insurer must indicate the injured worker's name and claim number in the upper right hand corner of each page of the document

When does the warranty period begin on hearing aid devices and repairs?

The warranty period begins the date the device is fitted or returned to the patient.

Does the department purchase extended warranty packages for hearing aid devices?

No. The department does not purchase or provide additional manufacturers' or extended warranties beyond the initial manufacturer's warranty.

For which hearing aid(s) repairs, losses or types of damage are the injured workers responsible?

Injured workers are responsible for paying for repairs and batteries to hearing aids not authorized by the department and non-work-related losses or damages to their hearing aid(s), e.g., worker's pet eats/chews the hearing aid, etc. In no case will the department or self-insurer cover this type of damage. In these instances, the worker will be required to buy the same type of hearing aid that the department purchased. After purchase, the department would resume paying for batteries and repairs following the policies specified in this Provider Bulletin.

Repairs and Batteries

For which hearing device repairs is the State Fund or self-insurer responsible?

Please Note: At its discretion, the department decides when or if to repair (a) hearing aid(s).

After the manufacturer's warranty expires, the insurer will bear the cost of appropriate repairs for the hearing aids they authorized and purchased. The department will repair these hearing aids when the repair is related to normal wear or a work-related incident that causes the unit to fail.

Are batteries covered?

The insurer will also bear the cost of battery replacement for the life of the hearing aid. **(No more than one box of batteries (40) will be reimbursed within each 90-day period.)**

The department has received complaints from injured workers who have said they are receiving hearing aid batteries unsolicited from their hearing aid provider through the mail. Sending injured workers batteries that they have not requested and for which they do not have an immediate need is in violation of the department's rules and payment policies.

What documentation is needed for repairs made during the warranty period?

The provider who arranges for repairs to hearing aid(s) authorized or purchased by the State Fund or self-insured employer, should submit records of all repairs to these aids to the insurer. These records are required, even during the warranty period.

For which hearing aid(s) repairs, losses or damage are the injured workers responsible?

Injured workers are responsible for paying for non-work-related losses or damages to their hearing aid(s) and masking devices, e.g., worker's pet eats/chews the hearing aid, etc. In no case will the department or self-insurer cover this type of damage.

Replacement*

Please note: At its discretion, the department decides when or if to replace (a) hearing aid(s).

Replacement is defined as purchasing a hearing aid for the worker that is comparable to the original hearing aid, or within the same category/type as the original hearing aid taking into consideration the worker's current work status.

The department may replace the hearing aid exterior (mold) when an injured worker has ear canal changes or the mold is cracked. The department will not pay for a new set of hearing aids when only a new ear mold is needed.

The insurer will not replace a hearing aid due to hearing loss changes. If further hearing loss is a result of continued work-related exposure or injury, a new claim must be filed with the insurer.

If the new degree of hearing loss was due to continued on-the-job exposure, the claim can be accepted. If the increased loss is not due to on-the-job noise exposure, the claim will be denied.

The department does not pay for new hearing aids for hearing loss resulting from: noise exposure that occurs outside the workplace, non-work-related diseases and conditions, or the natural aging process.

Is there an automatic replacement period?

No. The department or self-insurer does not provide an automatic replacement period.

What documentation is required when recommending replacement of a hearing aid?

Documentation must be submitted to the State Fund or self-insured employer with the request for hearing aid replacement. The information must contain:

- Who inspected the hearing aid,
- The date of the inspection, and
- Their observations and information on why the device should be replaced.

Only certified audiologists, licensed fitters dispensers, and FDA certified manufacturers can make final recommendations on replacement of any given hearing aid device or part of a device.

What happens when the injured worker refuses to wear the recommended hearing aid device and wants to have a more expensive hearing aid?

The department or self-insurer is responsible for paying for hearing-related services and devices that are deemed medically appropriate. **In the event an injured worker refuses the medical recommendations given in his or her case and wants to purchase (a) more expensive hearing aid(s), the worker is then totally responsible for the purchase of the hearing aid(s), batteries, and any future repairs.**

Documentation and Record Keeping Requirements

What information and documentation must providers maintain when providing hearing-related services?

The following are the minimum documentation requirements:

- Name and title of the referring practitioner, if applicable.

- Complete hearing loss history, including the onset of the hearing loss. Was the hearing loss sudden or gradual?
- Associated symptoms including, but not limited to, noise in the ears, vertigo, drainage, earaches, chronic dizziness, nausea, and fever.
- Has the claimant been treated for recent or frequent ear infections?
- Results of the ear examination: impacted earwax?; foreign body within the ear canal?; inflammation or irritation within the ear?; perforation of the eardrum?; deformities or abnormalities of the inner or outer ear?
- Results of all hearing and speech tests from initial examination.
- Review and comments on historical hearing tests, if applicable.
- Review and comments by the physician on the worker's Hearing Loss Work History form.
- All applicable manufacturer's warranties (length), invoices and coverage, plus the make, model, and serial number of the hearing aid device(s), if supplying the hearing aid.

Note: The provider must record all of this information in the worker's medical records (records) and submit a copy to the department or self-insurer. Also, the records must contain information regarding the make, model, and serial number of the hearing aid device(s) sold. For all repairs, the records must be submitted to the insurer and indicate the serial number of the device that was repaired and the nature of the repair.

How long must a provider keep records on an injured worker?

Per WAC 296-20-02005 "Keeping of Records," a provider is required to keep all records necessary for the department to audit the provision of services for a **minimum of five years**.

Billing Procedures for Hearing Aid Services

Who may bill for hearing aid services and devices?

- All licensed fitters and dispensers are to bill the department local codes for all hearing related services and devices.
- Durable Medical Equipment providers can bill supply codes, only.
- Physicians, Clinics, Osteopathic Physicians, and certified Audiologists may bill:
 - 1) the department local codes for hearing related services and devices, and
 - 2) as appropriate, Current Procedural Terminology codes (CPT) for hearing-related testing and office calls.

Note: Non-certified audiologists will not be paid for any hearing-related services.

What is included in the price of (a) hearing aid(s)?

Services that are included in the purchase price of a hearing aid(s) are as follows:

- Hearing aid screening and testing when conducted by a licensed fitter and dispenser,
- All dispensing fees,
- One hearing aid cleaning kit,
- Follow-up visits to adjust/fit the hearing aid to the patient, and
- All handling and delivery fees.

Certified audiologists may bill separately for testing services.

What fee should a provider bill the department or self-insurer?

Providers must bill their **usual and customary** fee when treating injured workers. (See WAC 296-20-010, Section 2).

The insurer will pay the provider's usual and customary fee, fee schedule maximum, or contracted rate, whichever amount is less.

A supplier or provider may **not** charge a worker the difference between the fee schedule maximum or contracted fee and their usual and customary charge. (See WAC 296-23-165, section 1a.)

What billing forms should providers use?

Physicians, Clinics, Osteopathic Physicians, and certified Audiologists are to bill the department using the **HCFA-1500 form (F245-127-000)**.

Licensed Hearing Aid Fitters and Dispensers and Durable Medical Equipment providers should use the department's **Statement for Miscellaneous Bill form (F245-072-000)**.

What is the department's policy regarding payment of supply codes?

Supply codes that do not have a fee listed will be reimbursed at their **acquisition cost**. (DME providers are exempted from this policy).

Invoices are required to show the acquisition cost and must be retained in the provider's records. A provider must submit a hard copy of the invoice when an individual supply costs \$150.00 or more.

Exception: *DME providers will be reimbursed based on billed charges, which are subject to review, per department policy.*

Exception: *Electronic billers should submit supply receipts within 5 days of bill submission. Send supply receipts to Department of Labor and Industries, P.O. Box 44291, Olympia, WA 98504-4291.*

What documentation is required to show acquisition cost?

Wholesale invoices are required to show the acquisition cost and must be retained in the provider's office records.

When is a provider required to send the insurer proof of acquisition cost?

A provider must submit a hard copy of the wholesale invoice to the department or self-insurer when an individual supply costs \$150.00 or more. The insurer may delay payment of the provider's bill if it has not received this information.

For State Fund claims all providers must submit wholesale invoices for individual supplies costing \$150.00 or more to Dept. of Labor and Industries, P.O. Box 44291, Olympia, WA. 98504-4291.

Note: Electronic billing providers must submit a hardcopy of the wholesale supply receipt within 5 days of bill submission when an individual supply costs \$150.00 or more.

Are there special instructions to bill for bilateral hearing aids?

When billing the department or self-insurer for hearing aids for both ears, providers must indicate on the HCFA-1500 or Statement for Miscellaneous Services form the following:

- In the diagnosis/nature of injury description box, list the diagnosis, as appropriate, for each side of body (right/left).
- Each hearing aid charge must be listed on a **separate** line. Bill the appropriate procedure code for each hearing aid. **Bill 1 unit of service for each hearing aid.**

Note: Electronic billers are to use the appropriate field for the diagnosis code and side of body, specific to their electronic billing format.

Information About A Specific Claim

The State Fund has an Interactive Voice Response system (IVR) that can answer many claim-related questions including claim status, authorized procedures, and bill status. To access this information providers will need to give their provider numbers and workers' claim numbers.

IVR (Interactive Voice Response) System

1-800-831-5227

Providers can obtain the following **claim information** using this line:

- Claim manager's name and phone number
- Pending bill information
- Claim status information
- Allowed/denied diagnosis codes,
- Allowed/denied procedure codes, and
- Drug restrictions.

Both the claim number and provider account number will be required to access this information.

Injured workers can obtain the following information using this line:

- Claim manager's name and phone number
- Most recent travel or claimant reimbursement paid
- Most recent time loss payment
- Attending physician of record
- Time loss compensation rate
- Claim status information, and
- Protest status.

After you use the IVR, to better serve you and to direct your questions appropriately please note the following numbers:

Provider Hot Line

The Provider Toll Free-Line can help with:

1-800-848-0811

From Olympia 902-6500

- Billing and remittance advice questions,
- Provider Bulletin, WAC, and RCW clarification
- Authorization of hearing related services,
- Claim status questions, and
- Verification of claim diagnosis and procedure codes.

Providers should please be prepared with the worker's claim number and the performing provider's L&I provider account number so the Hotline may better serve them.

Workers can access this line to help them obtain:

- Information regarding their claim
- Help in resolving time loss issues

Hearing Aid Reimbursement Rates

All hearing aids and supplies must be billed using the following local codes. The department will only purchase the hearing aids described in these local codes.

As of July 1, 2001:

Local	Service/Device		Fee Maximum
Code	Description:	Definitions:	
5060V	6 month repair	A repair done after original warranty has expired. Repair performed is guaranteed for both parts and labor for 6 months.	\$ 125.68
5061V	Repair hearing aid, replate	Repair/replacement done to the hearing aid faceplate (front of the hearing aid).	\$ 151.72
5062V	Repair hearing aid, recase	The remaking of a new hearing aid case (the shell of the hearing aid which fits in the ear).	\$ 149.46
5063V	Repair of hearing aid remote device	The repair of an external device that controls volume for a programmable hearing aid.	\$ 141.54
5064V	Repair of programmable hearing aid	A hearing aid that utilizes a combination digital & analog circuitry. All parameters of the fitting are programmed on to a computer chip.	\$ 144.94
5065V	Hearing testing/assessment	Hearing testing/assessment to determine hearing loss. This service includes: complete audiometric test--pure tone air, bone, and speech. A provider can bill this procedure code separately if they are not the provider of the hearing aid device.	\$ 63.49
5066V	Body worn hearing aid	Hearing aid with amplification device worn on the patient's body. Includes molds, receiver, & cord.	\$ 696.52
5067V	Bone conduction hearing aid	Hearing aid device used in cases where there is no pinna (visible ear), or ear canal in which to lace an earmold.	\$ 765.34
5068V	ITE, full shell hearing aid	In the ear hearing aid for the fuller style device such as full shell, half shell, or helix.	\$ 692.35
5069V	ITE, high frequency hearing aid	In the ear hearing aid designed for high frequency hearing loss starting at or above 2000hz. Price includes pots.	\$ 769.51
5070V	ITC & mini canal hearing aid	In the canal aid. A device that protrudes minimally on the outside of the ear canal.	\$ 942.60
5071V	ITE, programmable hearing aid	In the ear hearing aid which uses digital-analog type circuitry where individual parameters can be programmed on to a computer chip. This category also includes para-programmable aids. Remote included, if available.	\$1,545.28

5072V	CIC, Linear/Compression hearing aid	Completely in the canal hearing aid. Linear aids all sound is equally amplified. Compression devices automatically adjust a wide range of input to fit a limited comfort range for the listener (patient).	\$1,259.58
5073V	CIC, Programmable with or w/o remote	Completely in the canal hearing aid. Uses digital-analog circuitry where individual parameters can be programmed on to a computer chip. Remote handheld device to control volume is included, if available.	\$2,154.22
5074V	BTE, Linear hearing aid	Behind the ear hearing aid where sound is equally amplified. Includes mold.	\$ 629.79
5075V	BTE, Compression hearing aid	Behind the ear hearing aid. Compression devices automatically adjust a wide range of input to fit a limited comfort range for the listener (patient). Includes mold.	\$ 913.41
5076V	BTE, Programmable hearing aid	Behind the ear hearing aid which uses digital-analog type circuitry where individual parameter scan be programmed on to a computer chip. Includes mold. This category also includes para-programmable aids.	\$1,274.18
5077V	BTE, High Frequency hearing aid	Behind the ear hearing aid designed to begin amplification at mid frequency. May contain low & high cut pots. Includes mold.	\$ 755.96
5078V	Glasses, hearing aid	Hearing aid fitted to the frames of a patient's glasses. Includes mold.	\$ 777.85
5079V	Glasses, Bone Conduction	Bone conduction hearing aid fitted to a headband or patient's glasses.	\$1,028.10
5080V	ITE, CROS hearing aid	In the ear hearing aid with CROS capability. CROS involves contralateral routing of signals. Includes cord, if applicable.	\$1,107.35
5081V	BTE, CROS hearing aid	Behind the ear hearing aid with CROS capability. CROS involves contralateral routing of signals. Includes mold & cord.	\$1,332.57
5082V	Glasses, CROS hearing aid	Hearing aid fitted to glass frames with CROS capability (contralateral routing of signals).	\$1,055.21
5083V	ITE, BICROS hearing aid	In the ear hearing aid with BICROS capability. BICROS is an amplifying system with a microphone to pickup sound on bad ear side and sends to better ear and provides amplification for the better ear. Includes cord, if applicable.	\$1,142.80
5084V	BTE, BICROS hearing aid	Behind the ear hearing aid with BICROS capability. See BICROS definition above. Includes mold & cord.	\$1,420.16
5085V	Glasses, BICROS hearing aid	Hearing aid fitted to glass frames with BICROS capability (contralateral routing of signals). Includes mold.	\$1,026.02
5086V	Hearing aid batteries, per cell	A single cell device to power the hearing aid. Batteries come in the following sizes: 675; 13; 312; 230; 10a; 5a; for body worn aids 9v & AA.	\$ 1.04
5087V	Hearing aid cleaning kit	A cleaning kit distributed to the patient. First kit is included in the price of the hearing aid. Kit includes: pipe or vent cleaner & wax loop. Screwdriver & cloth is optional.	\$ 10.43
5088V	Miscellaneous hearing aid supplies	Supply items and replacement parts for hearing aids. For example: tubing; switches; controls; filters; battery doors; ear molds; ear hooks; wax guards; volume control covers. These items can be billed as replacement item(s) only. Hearing aid extra parts options: circuits & switches includes, e.g.: T-coil & Noise reduction switch. Extra parts and options can only be billed when the manufacturer does not include these in the base price of the hearing aid. Invoices must be kept on file in provider's office and must be provided to the department upon request.	BR